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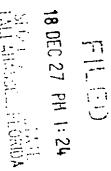
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(Re	equestor's Name)	
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T PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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Special Instructions to	Filing Officer:	
CUOW18-	107520	
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Office Use Only



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December 13, 2018

BENJAMIN GRAUER HATCH FUNDING SERVICES, LLC 390 N ORANGE AVE, STE. 2300 ORLANDO, FL 32801

SUBJECT: HATCH FUNDING SERVICES, LLC

Ref. Number: W18000107520

We have received your document for HATCH FUNDING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00025620

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

TO:		ration Section on of Corporation	s				
SUBJE			G SERVICES, LLC				
SUBJE	.c.i		Name of I	Limited Liability (Company		
The end Existen	closed "/ nce, and o	Application by Foretheck are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," Cert company to transact business in	ificate of n Florida.
Please	return all	correspondence co	oncerning this matter to the	following:			
		Benjamin Graue	er				
		 _	Na Na	ame of Person			
		Hatch Funding S	Services, LLC				
			Fi	rm/Company	·		
		390 N. Orange	Avenue, Suite 2300				
			-	Address		<u> </u>	
		Orlando, FL 32	801				
		-	City/St	tate and Zip Code			
		ben@hatchfundin	g.com				
			E-mail address: (to be used	l for future annual	report not	ification)	
For fur	ther info	rmation concerning	g this matter, please call:				
	Benjar	nin Grauer		407 at (702-856	51	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registo P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding ecutive Center Circle ee, FL 32301	
Enclos		neck for the following fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n North Carolina	Limited Liability Company; must include "Li		
	arms advanted for the propose of transaction business i		
North Carolina	mine adopted for the purpose of transacting pusiness i	n Florida. The atternate name must include "Limited."	Liability Company," "L.L.C," or "LLC,")
		3. 83-2384018	
	hich foreign limited liability company is organized)		umber, if applicable)
November 1, 2018			
HOVELIDEL 1, 2018	(Date first transacted business in Florida, if pri	or to registration)	
	(See sections 605,0904 & 605,0905, F.S. to de	termine penalty liability)	<u>.</u>
390 N. Orange Avenue		6. 390 N. Orange Avenue	
(Street Address of F	rincipal Office)	(Mailing A	(ddress)
Suite 2300		Suite 2300	<u>~</u> ~
Orlando, FL 32801		Orlando, FL 32801	
	 		
Name and street address	ss of Florida registered agent: (P.O. I	Hoy NOT accontable)	
2, 37, 430, 0		30x 1101 acceptable)	53 N
Name:	Aldo G. Bartolone, Jr.	<u> </u>	
Office Address:	4767 New Broad Street		7
Other Address:	The state of the s		
	Orlando	Florida 32814	
wing been named as re signated in this applica comply with the provisi	(City)	it as registered agent and cases to a	ed liability company at the p
iving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	of process for the above stated limit of as registered agent and agree to a per and complete performance of m	ed liability company at the p
signated in this applica comply with the provisi d accept the obligations	tance: gistered agent and to accept service; tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Registered agent)	of process for the above stated limitate as registered agent and agree to a per and complete performance of months signature)	ed liability company at the p ct in this capacity. I further y duties, and I am familiar
aving been named as resignated in this application comply with the provision daccept the obligations. The name, title or capa	tance: gistered agent and to accept service; tion, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agent. (Registered agent accity and address of the person(s) who	of process for the above stated limitate as registered agent and agree to a per and complete performance of months signature)	ed liability company at the p ct in this capacity. I further y duties, and I am familiar
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aving been named as resignated in this application of the provision of the comply with the provision of the comply with the provision of the complete of the c	city and address of the person(s) who Name and Address: Integ Investments, LLC 1941 Black Lake Blvd. Winter Garden, FL 34787 Oscar Ventures, LLC 1895 Britlyn Alley Orlando, FL 32814	of process for the above stated limits at as registered agent and agree to a per and complete performance of months signature) has/have authority to manage is/are: Title or Capacity:	ed liability company at the p ct in this capacity. I further y duties, and I am familiar to

Typed or printed name of signer



NORTH CAROLINA Department of the Secretary of State

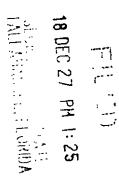
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

HATCH FUNDING SERVICES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 18th day of October, 2018

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of December, 2018.

Elaine I Marshall

Secretary of State